

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/019232

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3			1		1		53					
4		1					54					
5			1				55					
6		1					56					
7			1				57					
8		1					58					
9			1				59					
10		1					60					
11							61					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL D.							TOTAL IND.					
TOTAL EP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					